



LICENSED SOIL TREATMENT FACILITY ANNUAL REPORT FORM

I. OPERATION

1. Is prior approval to accept each waste load being obtained from the Department of Environmental Quality?
Y/N
2. What is the total acreage under treatment? _____
3. How many treatment cells are in use? _____
4. What is the date and volume of waste that was last accepted? _____
date vol.

II. GROUND WATER

5. Do you have ground water monitoring wells? Y/N
6. Please list each well by ID# and/or name _____

	Well ID/name	Well ID/name	Well ID/name
Seasonal static water level - from designated measuring point at top of well casing (3 times /year)	ft.	ft.	ft.
	ft.	ft.	ft.
	ft.	ft.	ft.
Well sampling dates (April, July, Oct.)			
Date analyzed (required 2-4 times/year)			
TPH			
BTEX			
Other Constituents			
***ATTACH SAMPLE RESULTS			

III. TREATMENT ZONE SEASONAL SAMPLING

7. List acreage of site or cells under treatment _____
8. Dates of seasonal sampling

April

July

Oct.

9. Total number of samples collected and analyzed April _____
July _____
Oct. _____

*****ATTACH SAMPLE RESULTS**

IV. MAINTENANCE

10. Date landfarm maintenance samples were performed _____
 Nutrients _____
 Moisture _____
 pH _____

*****ATTACH SAMPLE RESULTS**

V. AIR QUALITY

11. Has the landfarm exceeded 25 tons/year of VOCs? Y/N

VI. BELOW TREATMENT ZONE (BTZ)

12. Date BTZ sampled Oct. _____
13. Number of BTZ samples collected and analyzed _____
14. Is there evidence that leaching has occurred by change in the BTZ baseline character? Y/N
15. Was the Waste Management Section notified of the change? Y/N

*****ATTACH SAMPLE RESULTS**

VII. RECORDS

16. Are records being maintained which include all of the following: Y/N
 - a. ID/tracking code
 - b. source
 - c. volume
 - d. contaminant
 - e. initial concentration
 - f. treatment cell location
 - g. application date
 - h. treatment schedule and method (i.e. tillage frequency, nutrient additions, moisture enhancement, organic amendments, etc.)
 - i. sample dates
 - j. analyses performed
 - k. analytical results
 - l. final placement, if removed

THE ANNUAL REPORT SHALL BE SENT TO THE DEPARTMENT OF ENVIRONMENTAL QUALITY NO LATER THAN 90 DAYS FOLLOWING THE LAST YEARLY OCTOBER SAMPLING EVENT. Send to: DEQ/CSB, Waste Management Section, P.O. Box 200901, Helena, MT 59620